



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501  
www.opi.mt.gov

# MT MIGRANT EDUCATION STUDENT WITHDRAWAL FORM

## School Contact Information

Date: \_\_\_\_\_

**From**

**To**

Name: \_\_\_\_\_

Homebase School: \_\_\_\_\_

School District: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Student Information

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Homebase Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Student NGS #: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_ Days Enrolled: \_\_\_\_\_ Days Present: \_\_\_\_\_

**Instructional Program Progress Report Term:** Regular \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_

## **PROGRESS REPORT**

Supplemental Programs in which student participated:

Program	Participated (√)	Program	Participated (√)
ESL/Bilingual/Non-English Speaking		Distance Learning	
Preschool		1) Project MATHEMATICA	
Career Education		2) UT	
Student Leadership		3) Plato	
Reading		Pupil Services	
Mathematics		Nutrition	
Other Language Arts		Pupil Transportation	
Tutorial Elementary		School Supplies	
Computer Literacy		Guidance/Counseling	
Project Mastery		Referral to REO	
Special Activities		Special Education	
Count on ME/Picnic Table Math		Count on ME/Picnic Table Reading	
MATRIX/TECHMOBILE		TEST PREP/Out of State Assessment	

See attached.

## **Instructional Needs:**

Other Information (check all that apply):

1. This child received dental services (see attached) \_\_\_\_\_
2. This child received health services (see attached) \_\_\_\_\_
3. A health problem exists (see attached) \_\_\_\_\_